FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

			FOI All Authorize	a Comm	iiilee			Offic	e Use Only	
1.	NAME OF COMMITTEE (in		FEC MAILING LABE		ample:If typing, t er the lines	ype				
LG	raves for Congr	ess								
Ш										
AD	DRESS (number a	and street) 23	45 Grand, Suite 2	400						
	Check if diff than previou reported. (A	sly	nsas City				MO		64108	
2.	FEC IDENTIFICA	ATION NUMBER	~	CITY 🛕			STATE	4	ZIP CODE	
	C0035903	4		THIS EPORT	X NEW (N)	OR		AMENDED A)	STATE V	DISTRICT
4.	July 15 Octobe X Januar	,	(Q1) (Q2) (Ort (Q3) Ellorort (YE) (C) 30	ection on	Primary (12P Convention (** **ET-Election Rep General (30G**)) 12C) ort for the:	Spo	neral (12G) ecial (12S) noff (30R)	in the State of	noff (12R) ecial (30S)
5.	Covering Period	11	28 20	-	through	1 2		3 1	2006	
	ertify that I have exa be or Print Name of		and to the best of my Jean Paul Brad	_	e and belief it is	true, corre	ect and com	plete.		
Sig	nature of Treasure	r Electronically	Filed by Jean Par	ul Bradsh	aw		Date	0 1	25	2007
NO	TE : Submission o	f false, erroneous,	or incomplete informa	ation may s	subject the perso	on signing	this Report	to the penal	Ities of 2 U.S.C	437g.
	Office Use							F	FEC FORM (Revised 02/200	

Image# 27940081068

SUMMARY PAGE

of Receipts and Disbursements FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name **Graves for Congress** м 1 1 м N 12 ° D 28 From: 2006 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 2060.00 441368.50 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 2060.00 441368.50 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 19882.70 75233.76 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 75233.76 19882.70 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 8578.88 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 2644.65 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name **Graves for Congress** D ° D Ï 1 Ï 28 2006 12 2006 Report Covering the Period: From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 1000.00 410597.00 (i) Itemized (use Schedule A)..... 60.00 29771.50 (ii) Unitemized..... (iii) TOTAL of contributions 1060.00 440368.50 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 1000.00 1000.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 2060.00 441368.50 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.48 5.06 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 441373.56 2060.48

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	19882.70	75233.76
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of all Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	1275.00	1275.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	21157.70	76508.76
	III. CASH SUMMA	RY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	27676.10
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	e3)	2060.48
25.	SUBTOTAL (add Line 23 and Line 24)		29736.58
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	2 2)	21157.70
27.	CASH ON HAND AT CLOSE OF REPORTING PER (subtract Line 26 from Line 25)		8578.88

FOR LINE NUMBER: PAGE 5/27 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Graves for Congress** Full Name (Last, First, Middle Initial) A. Physical Therapy PAC Date of Receipt Mailing Address 1111 N. Fairfax Street 12 27 2006 City Zip Code State Transaction ID: 70117.C8250 Alexandria VA 22314 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

FOR LINE NUMBER: PAGE 6/27 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Graves for Congress** Full Name (Last, First, Middle Initial) A. David R. Melton Date of Receipt Mailing Address 314 Dublin Circle 12 29 2006 City Zip Code State Transaction ID: 70117.C8252 Smithville MO 64089 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Receipt Name of Employer Ozark National Life Insur-Occupation Attorney Limit Increased Due to Opponent's ance Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

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S	CHEDULE B (FEC Form 3)) lls	e sepe	rate schedule(s)			NUMBER: PAGE 7/27
IT	EMIZED DISBURSEMENTS	for		category of the		(check only	
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Λ	NAME OF COMMITTEE (In Full)						
17	Graves for Congress						
\mathbb{L}							
	Full Name (Last, First, Middle Initial)						Transaction ID: 70117.E2828
Α.	Kansas City Star						Date of Disbursement
	Mailing Address 4700 O I						12
	Mailing Address 1729 Grand						12 23 2000
	City	State		Zip Code			Amount of Each Disbursement this Period
	Kansas City	MO		64108-			Amount of Each Dissolvenient this Feriod
	Purpose of Disbursement						31.13
	SUBSCRIPTION						Refund or Disposal of Excess
	Candidate Name				Ca	ategory/	Contributions Required Under
						Туре	11 C.F.R. 400.53
	Office Sought: House D	Disbursement	For:				CURCORIPTION
	Senate	Prim	nary	General			SUBSCRIPTION
	President	Othe	er (spe	cify)			
	State: District:						
	Full Name (Last, First, Middle Initial)						Transaction ID: 70117.E2794
В.	UMB Visa						Date of Disbursement
			12 D 27 2006				
	Mailing Address 1010 Grand Blvd.						12 27 2006
	City	State		Zip Code			Amount of Fools Diskury arount this Davied
	Kansas City	MO		64106-			Amount of Each Disbursement this Period
	Purpose of Disbursement						3395.65
	CREDIT CARD: SEE BELOW						Refund or Disposal of Excess
	Candidate Name				Ca	ategory/	Contributions Required Under
						Туре	11 C.F.R. 400.53
	Office Sought: House D	Disbursement	For:	'			CREDIT CARD: SEE BELOW
	Senate	Prim	nary	General			CHEDIT CARD. SEE BELOW
	President	Othe	er (spe	cify) 🔻			
	State: District:						
_	Full Name (Last, First, Middle Initial)						Transaction ID: 70117.E2813
C.	Aladin Storage						Date of Disbursement
	Mailing Address 701 North 291 Hig	ha.					111 20 7 2006
	Mailing Address 701 North 291 Hig	riway					
	City	State		Zip Code			Amount of Each Disbursement this Period
	Liberty	MO		64068-			
	Purpose of Disbursement						49.75
	STORAGE RENTAL						Refund or Disposal of Excess
	Candidate Name					tegory/	Contributions Required Under 11 C.F.R. 400.53
			_			Туре	[MEMO ITEM]
		Disbursement					MEMO: STORAGE RENTAL
	Senate	Prim	•	General			
	State: President District:	Othe	er (spe	cify) 🔻			
	State: District:						
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l S	UBTOTAL of Disbursements This Page (or	ກເບເເຢ)	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>.</u>	···· <u>P</u>	O IZOII O

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	y Information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
$ \rangle$	Graves for Congress										
Α.	Full Name (Last, First, Middle Initial) Aladin Storage				Transaction ID: 70117.E2814 Date of Disbursement						
	Mailing Address 701 North 291 Highv	ay			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Liberty	State Zip Code MO 64068-			Amount of Each Disbursement this Period						
	Purpose of Disbursement STORAGE RENTAL								osal of		
	Candidate Name			ategory/ Type	11	C.F	.R. 40	00.	Require 53	d Ur	ider
	Senate President	eursement For: Primary General Other (specify)			[MEMO ITEM] MEMO: STORAGE RENTAL					AL	
_	State: District:										
В.	Full Name (Last, First, Middle Initial) Barry Point 66						sburs	em		E28	11
	Mailing Address 9795 NE Barry Road						D 1	1 5		2	006
	City Kansas City	State Zip Code MO 64154-			Amoui	nt of	Each	n Di	isburse	emer	t this Period
	Purpose of Disbursement GAS		•	Refund or Disposal of Excess				27.54 ess			
	Candidate Name		ategory/ Type	☐ Co	ntrik C.F	oution R. 40	s F 00.	Require			
	Office Sought: House Disi Senate President	ursement For: Primary General Other (specify) ▼	•		[MEMO: GAS						
	State: District:										
C.	Full Name (Last, First, Middle Initial) Big T Motel				Trans				-	E28	10
	Mailing Address 406 S. 10th Street						D C	3		Ź	006
	City Tarkio	State Zip Code MO 64491-			Amoui	nt of	Each	n Di	isburse	emer	t this Period
	Purpose of Disbursement										533.42
	LODGING Candidate Name		ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Dist	ursement For: Primary General Other (specify) ▼	<u> </u>	Туре	[MEMO: LODGING						
	State: District:	Other (opcomy) \									
s	UBTOTAL of Disbursements This Page (option	nal)		•					•		0.00

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abla	NAME OF COMMITTEE (In Full)									
$ \rangle$	Graves for Congress									
Α.	Full Name (Last, First, Middle Init Embassy Suites	ial)		Transaction ID: 70117.E2801 Date of Disbursement 11 0 0 8 7 2 0 0 6						
	Mailing Address 7640 NW	1 1 0 8 2 0 0 6								
	City Kansas City		State MO	Zip Code 64153-		Amount of Each Disbursement this Period				
	Purpose of Disbursement LODGING				· · ·	162.59				
	Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Senate President	Disburse	ement For: Primary Other (sp	General ecify) ▼	1,750	[MEMO ITEM] MEMO: LODGING				
	State: District:			, ,						
В.	Full Name (Last, First, Middle Init Embassy Suites	Transaction ID: 70117.E2800 Date of Disbursement								
	Mailing Address 7640 NW	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	City Kansas City		State MO	Zip Code 64153-		Amount of Each Disbursement this Period				
	Purpose of Disbursement LODGING			162.59 Refund or Disposal of Excess						
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President	Disburse	ement For: Primary Other (sp	General ecify) ▼		[MEMO ITEM] MEMO: LODGING				
	State: District:									
C.	Full Name (Last, First, Middle Init Embassy Suites	ial)				Transaction ID: 70117.E2802 Date of Disbursement				
	Mailing Address 7640 NW	111 08 7 2006								
	City Kansas City	Amount of Each Disbursement this Period								
	Purpose of Disbursement LODGING	162.59 Refund or Disposal of Excess								
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disburse	ement For: Primary Other (sp	General ecify) ▼		[MEMO ITEM] MEMO: LODGING				
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\setminus	NAME OF COMMITTEE (In I	=ull)												
\backslash	Graves for Congress													
Α.	Full Name (Last, First, Middle Federal Express Shipping								Transaction ID: 70117.E2803 Date of Disbursement					
	Mailing Address PO Box 94515								1 1 1 0 8 7 2 0 0 6 Y					
	City Palatine		State IL	Zip Code 60094-			Amou	int of	Each	Dist	ursem	ent this Period		
	Purpose of Disbursement SHIPPING CHARGES					•	Be	efund	l or D	spos	al of Ex	13.75		
	Candidate Name	ategory/ Type	L C	ontrib C.F.	ution: .R. 40	s Red 00.53	quired l							
	Office Sought: House Senate Presid	e	ement For: Primary Other (spe	General ecify) ▼			[MEMO ITEM] MEMO: SHIPPING CHARGES							
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	Mailing Address PO Box 94515							1 1 M M M M M M M M M M M M M M M M M M				ž 0 0 6 °		
	City Palatine		Amou	int of	Each	Disk	oursem	ent this Period						
	Purpose of Disbursement SHIPPING CHARGES		•	Re	efund	l or D	spos	al of Ex	17.48 ccess					
	Candidate Name		ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53										
	Office Sought: House Senate Presid		ement For: Primary Other (spe	General ecify) ▼			[MEMO ITEM] MEMO: SHIPPING CHARGES							
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C.	Full Name (Last, First, Middle Federal Express Shipping						Date	of Dis	burs	emen	17.E2 t	2805		
	Mailing Address PO Box	94515					^M 2	M /	D C	2	/ Y	ž 0 0 6 °		
	City Palatine		State IL	Zip Code 60094-			Amou	int of	Each	Disb	ursem	ent this Period		
	Purpose of Disbursement SHIPPING CHARGES							13.28 Refund or Disposal of Excess						
	Candidate Name					Category/ Contributions Rec				s Red 00.53	quired l			
	Office Sought: House Senate Presid	e	ement For: Primary Other (spe	General ecify) ▼			[MEMO ITEM] MEMO: SHIPPING CHARGES					RGES		
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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate for each cate Detailed Sum	gory of the	FOR LINE (check only	one) 18	PAGE 11 / 27 19a			
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	for commercial purposes, other than using the na								
\rangle	NAME OF COMMITTEE (In Full) Graves for Congress								
Α.	Full Name (Last, First, Middle Initial) Hy-Vee Foods								
	Mailing Address 1332 H 152 Highway		11 / 13	2006					
	City Liberty		p Code 4068-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement SYMPAHTY FLOWERS		Г	•	Refund or Dispos	56.90			
	Candidate Name		C	Category/ Type	Contributions Rec	quired Under			
	Office Sought: House Disbur Senate President	Primary Other (specify	General ▼		[MEMO ITEM] MEMO: SYMPAHT	Y FLOWERS			
	State: District:								
В.	Full Name (Last, First, Middle Initial) Office Depot				Transaction ID: 701 Date of Disbursemen	nt			
	Mailing Address 8501 North Evanston A		11 07	2006					
	City Kansas City		p Code 4157-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement			• • •		53.73			
	OFFICE SUPPLIES Candidate Name		C	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disbur Senate President	sement For: Primary Other (specify	General ■	71-	[MEMO ITEM] MEMO: OFFICE S	UPPLIES			
	State: District:		•						
C.	Full Name (Last, First, Middle Initial) Price Chopper				Transaction ID: 701 Date of Disbursemen				
	Mailing Address 896 S. 291 Highway				111 / 09	2006			
	City Liberty		p Code 4068-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement SUPPLIES FOR EVENT				Refund or Dispos	20.54 al of Excess			
	Candidate Name		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disbur Senate President	sement For: Primary Other (specify	General ▼		[MEMO ITEM] MEMO: SUPPLIES FOR EV				
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	CHEDULE B (FEC Form 3	-		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 12 / 27
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	y Information copied from such Reports a for commercial purposes, other than usin					for the purpose of solicating contributions licit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
	Graves for Congress					
Α.	Full Name (Last, First, Middle Initial) Price Chopper					Transaction ID: 70117.E2807 Date of Disbursement
	Mailing Address 896 S. 291 High	111				
	City Liberty		State MO	Zip Code 64068-		Amount of Each Disbursement this Period
	Purpose of Disbursement CLEANING SUPPLIES				•	8.18 Refund or Disposal of Excess
	Candidate Name Category/					Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼	.,	[MEMO ITEM] MEMO: CLEANING SUPPLIES
	State: District:		` '	•		
В.	Full Name (Last, First, Middle Initial) Quik Trip #151					Transaction ID: 70117.E2796 Date of Disbursement
	Mailing Address 655 South 291 H	$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 1 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$				
	City Liberty		State MO	Zip Code 64068-		Amount of Each Disbursement this Period
	Purpose of Disbursement GAS		29.69 Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼		[MEMO ITEM] MEMO: GAS
	State: District:		` '	<i>37</i> , 4		
C.	Full Name (Last, First, Middle Initial) Target					Transaction ID: 70117.E2819 Date of Disbursement
	Mailing Address 8420 N. Madiso	n				$\begin{bmatrix}\begin{smallmatrix}M&M\\1^1^2\end{smallmatrix}\end{bmatrix}^{I} \begin{bmatrix}\begin{smallmatrix}D&D&D\\2^2\end{smallmatrix}\end{bmatrix}^{I} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2^2&0^2&6\end{smallmatrix}\end{bmatrix}^{Y}$
	City Kansas City		State MO	Zip Code 64155-		Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT SUPPLIES	48.06 Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General cify) ▼		[MEMO ITEM] MEMO: EVENT SUPPLIES
_	State: District:					
 s	UBTOTAL of Disbursements This Page	(optional)				0.00

TEMIZED DISBURSEMENTS State Disbursement Di	•									
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contribution or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) A. The Dish Farmous Stuffed Pizza Mailing Address Hwy 291 City State Zip Code Liberty MO 64068- Purpose of Disbursement LUNCH MEETING W/ CONSTITUENT Candidate Name Office Sought: House Senate Primary General District: Full Name (Last, First, Middle Initial) B. US House Members Dining Mailing Address Longworth HOB City State Zip Code Other (specify) ▼ Transaction ID: 70117.E2820 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (MEMO ITEM) MEMO: LUNCH MEETING W/ ONSTITUENT Candidate Name Office Sought: House Disbursement For: Purpose of Disbursement GiFT FOR CONSTITUENT Candidate Name Office Sought: House Disbursement For: Purpose of Disbursement GiFT FOR CONSTITUENT Candidate Name Disbursement For: Primary General Disbursement GiFT FOR CONSTITUENT Candidate Name Office Sought: House Disbursement For: Primary General Disbursement GiFT FOR CONSTITUENT Candidate Name Disbursement For: Primary General Disbursement In International Category/ Type Office Sought: House Disbursement For: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (MEMO ITEM) MEMO: GiFT FOR CONSTITUE Transaction ID: 70117.E2822 Date of Disbursement In International Category/ Type Office Sought: House Disbursement For: City State Zip Code Mid Address 346 S. State Route 291 City State Zip Code Mid G4068- Purpose of Disbursement FOOD/BEVERAGE FOR EVENT Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: Categ			'S Use sepera	tegory of the	(check only	only one)				
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Α.	Julie, T. Becker			Date of Disbursement	V V V V			
	Mailing Address 4734 Oak Street, Apt. 1	216		111	111 / 30 / 2006			
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B.	Amber Van Meter			Date of Disbursement				
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	Mailing Address 1126 Elm Street			M M / D 3 D /	2006			
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В.	Full Name (Last, First, Middl UMB Visa	e initial)				Transaction ID: 70 Date of Disburseme	nt
	Mailing Address 1010 (Grand Blvd.				12 27	^Y 2006 ^Y
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C.	Full Name (Last, First, Middle Capitol Hill Club	e Initial)				Transaction ID: 70 Date of Disburseme	-
	Mailing Address 300 1st Street, S.E.					10 / 25	2006
	City Washington		State DC	Zip Code 20003-		Amount of Each Dis	bursement this Period
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Α.	Full Name (Last, First, Middle Initial) Y Liquor Mailing Address 346 S. State Route 291			Transaction ID: 70117.E2746 Date of Disbursement 10
		State Zip Code MO 64068-		Amount of Each Disbursement this Period
	Purpose of Disbursement FOOD/BEVERAGE FOR EVENT			198.58 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ement For: Primary General Other (specify)		MEMO: FOOD/BEVERAGE FOR EVENT
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В.	Sarah N. Bowles			Transaction ID: 70117.E2833 Date of Disbursement
	Mailing Address 10231 N. Cherry Dr.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,	State Zip Code MO 64155-		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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	Mailing Address 701 North 291 Highway	111 / 01 / 2006					
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В.	Full Name (Last, First, Middle Initial) Amoco Oil			Transaction ID: 70117.E2754 Date of Disbursement			
	Mailing Address 1137 West 152 Highway	,		10 0 0 0 7 2 0 0 6			
	City Liberty	State Zip Code MO 64068-		Amount of Each Disbursement this Period			
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_	Full Name (Last, First, Middle Initial)					Transaction ID: 70117.E2780
В.	Barry Point 66					Date of Disbursement
	Mailing Address 9795 NE Barry	Road				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City		State	Zip Code		Amount of Each Disbursement this Period
	Kansas City		MO	64154-		7 tillouit of Each Biobardonicit tillo i oned
	Purpose of Disbursement				-	24.99
	GAS					Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Category/ Type	11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:		турс	[MEMO ITEM]
	Senate		Primary	General		MEMO: GAS
	President		Other (spe	ecify) 🔻		
	State: District:					
^	Full Name (Last, First, Middle Initial)					Transaction ID: 70117.E2788
C.	Conoco					Date of Disbursement
	Mailing Address 100 S. Forest					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City		State	Zip Code		Amount of Each Disbursement this Period
	Liberty		MO	64068-		Amount of Each Disbursement this Feriod
	Purpose of Disbursement					17.89
	GAS					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Diebureo	ment For:		Type	[MEMO ITEM]
	Senate	Disbuise	Primary	General		MEMO: GAS
	President		Other (spe			
	State: District:			-		
		•				
l s	UBTOTAL of Disbursements This Page	e (optional) .				0.00

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SCHEDULE B (FEC Form 3) Use seperate schedule(s)		E NUMBER: PAGE 20 / 27					
ITEMIZED DISBURSEMENTS		for each	for each category of the Detailed Summary Page		y one) X 17 18 20a 20b	19a 19b 20c 21	
	y Information copied from s for commercial purposes, of						
\setminus	NAME OF COMMITTEE (In Full)					
\backslash	Graves for Congress						
Α.	Full Name (Last, First, Mid Enterprise Rent-A-Car	,				Transaction ID: 70 Date of Disburseme	
	Mailing Address 421	North 291 HWY				10 20	2000
	City Liberty		State MO	Zip Code 64068-		Amount of Each Dis	bursement this Period
	Purpose of Disbursement CAR RENTAL					Refund or Dispo	
	Candidate Name				Category/ Type	Contributions Re 11 C.F.R. 400.50 [MEMO ITEM]	
	Pre	nate esident	ement For: Primary Other (spe	General ecify) ▼		MEMO: CAR REN	TAL
	State: District	·					
В.	Full Name (Last, First, Mid Enterprise Rent-A-Car	,				Transaction ID: 70117.E2759 Date of Disbursement	
	Mailing Address 421	North 291 HWY				10 0 0 0	2006
	City Liberty		State MO	Zip Code 64068-		Amount of Each Dis	bursement this Period
	Purpose of Disbursement CAR RENTAL					Refund or Dispo	182.47 sal of Excess
	Candidate Name				Category/ Type	Contributions Re	quired Under
	Pre	nate esident	ement For: Primary Other (spe	General ecify) ▼		MEMO: CAR REN	TAL
	State: District						
C.	Full Name (Last, First, Mid Federal Express Shipp					Transaction ID: 70 Date of Disburseme	nt
	Mailing Address PO E	Box 94515				10 13	2006
	City Palatine		State IL	Zip Code 60094-		Amount of Each Dis	bursement this Period
	Purpose of Disbursement SHIPPING CHARGES					Refund or Dispo	
	Candidate Name				Category/ Type	Contributions Re	
		use Disburs nate esident	ement For: Primary Other (spe	General ecify) ▼		MEMO: SHIPPING	G CHARGES
	State: District	:		· 			
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C 4							
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	E NUMBER: PAGE 21 / 27 lly one)			
11	EMIZED DISBURSEMENTS	Detailed Summary Page		X 17			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) Graves for Congress						
Α.	Full Name (Last, First, Middle Initial) Federal Express Shipping			Transaction ID: 70117.E2768 Date of Disbursement			
	Mailing Address PO Box 94515			1 1 M / D D / Y Y O O O O			
	•	State Zip Code IL 60094-		Amount of Each Disbursement this Period			
	Purpose of Disbursement SHIPPING CHARGES			9.90 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		[MEMO ITEM] MEMO: SHIPPING CHARGES			
	State: District:						
В.	Full Name (Last, First, Middle Initial) Hy-Vee Foods			Transaction ID: 70117.E2763 Date of Disbursement			
	Mailing Address 1332 H 152 Highway			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	,	State Zip Code MO 64068-		Amount of Each Disbursement this Period			
	Purpose of Disbursement SYMPATHY FLOWERS			59.81 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		[MEMO ITEM] MEMO: SYMPATHY FLOWERS			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Office Depot			Transaction ID: 70117.E2762 Date of Disbursement			
	Mailing Address 8501 North Evanston Ave	enue		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $			
		State Zip Code MO 64157-		Amount of Each Disbursement this Period			
	Purpose of Disbursement			6.62			
	OFFICE SUPPLIES Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	. , , , ,	[MEMO ITEM] MEMO: OFFICE SUPPLIES			
	State: District:	· · · · · · · · · · · · · · · · · · ·					
s	JBTOTAL of Disbursements This Page (optional) .		>	0.00			

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ITEMIZED DISBURSEMENTS		ENTS	for each	category of the	(check onl ح	<u> </u>			
			Detailed	Summary Page		_	X 17 18 20b	19a 19b 20c 21		
	y Information copied from such Re for commercial purposes, other tha									
Ν	NAME OF COMMITTEE (In Full)									
V	Graves for Congress									
_	Full Name (Last, First, Middle Initi	al)					Transaction ID: 70	 117.E2761		
Α.	Office Max						Date of Disbursemen	nt		
	Mailing Address 3844 South	n Noland Road	l				10 0 9	['] 2006 [']		
	City		State	Zip Code			Amount of Each Disl	bursement this Per	riod	
	Independence		MO	64055-					-	
	Purpose of Disbursement OFFICE SUPPLIES						Refund or Dispos	10.70		
	Candidate Name				Cate	egory/	Contributions Re	quired Under		
					Ту	/pe	11 C.F.R. 400.53 [MEMO ITEM]	3		
	Office Sought: House	Disburse	ment For:	C			MEMO: OFFICE S	SUPPLIES		
	Senate President		Primary Other (spe	General						
	State: District:		Caror (opt	5 6 y) ▼						
	Full Name (Last, First, Middle Initi	al)					Transaction ID: 70	 117 F2782		
В.	Pierponts						Date of Disbursemen	-		
	Mailing Address 30 W Pershing Rd					10 7 20 7 2006				
	City		State	Zip Code			Amount of Each Disl	bursement this Per	riod	
	Kansas City		МО	64108-				202.24	-	
	Purpose of Disbursement FUNDRAISING EVENT						Defined as Disease	393.24		
	Candidate Name				Cate	egory/	Refund or Dispos Contributions Re	quired Under		
						/pe	11 C.F.R. 400.53	3		
	Office Sought: House	Disburse	ment For:				[MEMO ITEM] MEMO: FUNDRAI	SING EVENT		
	Senate		Primary	General				0.113 212.11.		
	State: President District:		Other (spe	ecity) $lacktriangleright$						
	Full Name (Last, First, Middle Initi	I al)					Transaction ID: 70	 117 E276/		
C.	Piropos	,					Date of Disbursemen	-		
	Mailing Address 4 March 4-4	Ohrand					10 / 11	['] 2006	1	
	Mailing Address 1 West 1st	Street						2000		
	City Kansas City		State MO	Zip Code 64152-			Amount of Each Disl	bursement this Per	riod	
	Purpose of Disbursement		IVIO	04132-				575.71		
	FUNDRAISING EVENT					·	Refund or Dispos			
	Candidate Name				Cate	egory/	Contributions Re			
		1			Ту	/pe	11 C.F.R. 400.53 [MEMO ITEM]	,		
	Office Sought: House	Disburse	ment For:	Canaval			MEMO: FUNDRAI	SING EVENT		
	Senate President		Primary Other (spe	General						
	State: District:		J.1.01 (0pt							
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١٩	IIRTOTAL of Dishursements This	Page (ontional)						0.00		

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5	CHEDULE B (FEC Form 3)	Use seperate schedule	e(s)	FOR LINE		R:			PAGE	23 / 27		
IT	EMIZED DISBURSEMENTS	for each category of th	e ´	(check only	<u> </u>				. –	7		
		Detailed Summary Pag	ge		X 17	_	18	_	9a	19b		
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	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam											
\	NAME OF COMMITTEE (In Full)											
\rangle	Graves for Congress											
	Full Name (Last, First, Middle Initial)				Transa	actio	n ID:	7011	7.E27	76		
٩.	Quik Trip #151				Date o							
	Mailing Address 655 South 291 Highway		10 M / D 19 / Y Y O O 6 Y									
	City Liberty	State Zip Code MO 64068-			Amoui	nt of	Each	Disbu	rsemer	nt this Period		
	Purpose of Disbursement		Тг	•						26.79		
	GAS		$\dashv L$						of Exc ired U			
	Candidate Name			Category/ Type	11	C.F.	R. 40		ii eu Oi	idei		
	Office Sought: House Disburse Senate President	ement For: Primary Gener Other (specify)	al	71-	MEMO: GAS							
	State: District:											
	Full Name (Last, First, Middle Initial)				Transa	actio	n ID:	7011	7.E27	75		
3.	· Quik Trip #151						Date of Disbursement					
	Mailing Address 655 South 291 Highway					10 18 / 2006						
	City Liberty	State Zip Code MO 64068-			Amoui	nt of	Each	Disbu	rsemer	nt this Period		
	Purpose of Disbursement GAS				27.93 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Candidate Name			Category/ Type								
	Office Sought: House Disburse Senate President	ement For: Primary Gener Other (specify)	al		(MEM)		_					
	State: District:											
Э.	Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc.				Transa Date o				7.E28	326		
	Mailing Address 400 W. Covina Blvd.				12	M /	^D 0	^D /	Y	2006		
	City	State Zip Code			Amoui	nt of	Each	Disbu	rsemer	nt this Period		
	San Dimas CA 91773-									83.01		
	Purpose of Disbursement PAYROLL PROCESSING FEE						or Di	nnaaal	of Exc			
	Candidate Name			Category/ Type	L Co	ntrib		Requ	ired U			
	Office Sought: House Disburse Senate President	ement For: Primary Gener	al		PAYR	OLL	. PRO	OCES	SING	FEE		
	State: District:	Other (specify)										
2	SUBTOTAL of Disbursements This Page (optional)									83.01		
	or biobardomenta This Lage (optional)					_		_				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Graves for Congress

Purpose of Disbursement

Mailing Address

San Dimas

Candidate Name

Office Sought:

City

В.

FOR LINE NUMBER: PAGE 24 / 27 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Transaction ID: 70117.E2827 Automatic Data Processing, Inc. Date of Disbursement 13 2006 400 W. Covina Blvd. State Zip Code Amount of Each Disbursement this Period CA 91773-31.00 PAYROLL PROCESSING FEE Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: House PAYROLL PROCESSING FEE General Senate Primary

	President	Other (specify)		
State:	District:			
Full Name (Last,	First, Middle Initial)			Transaction ID: 70117.E2830
Automatic Dat	a Processing, Inc.			Date of Disbursement
Mailing Address	400 W. Covina	Blvd.		12 M / 28 / Y 2006 Y
City		State Zip Co		Amount of Each Disbursement this Period
San Dimas		CA 9177	3-	
Purpose of Disbu	ursement			62.00
PAYROLL PRO	CESSING FEE			Refund or Disposal of Excess
Candidate Name			Category/	Contributions Required Under
			Type	11 C.F.R. 400.53
Office Sought:	House	Disbursement For:		PAYROLL PROCESSING FEE
	Senate	Primary C	General	PATROLL PROCESSING FEE
	President	Other (specify)		
State:	District:			
				<u>'</u>

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	93.00
TOTAL This Period (last page this line number only)	•	19851.42

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SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 25 / 27 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) **Graves for Congress** Full Name (Last, First, Middle Initial) Transaction ID: 70117.E2825 Nace for Mayor Date of Disbursement 28 2006 Mailing Address 2345 Grand Blvd, Ste. 200 City State Zip Code Amount of Each Disbursement this Period Kansas City MO 64108-1275.00 Purpose of Disbursement CONTRIBUTION TO CANDIDATE COMMITTEE Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2008 House Contribution to Candidate Committee X Primary General Senate President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional)	•	1275.00
TOTAL This Period (last page this line number only)	<u> </u>	1275.00

SCHEDULE D (FEC Form 3)

(Use separate

PAGE 26 / 27

	EBTS AND OBLIGATIONS		for	edule(s) r each ered line)	FOR LINE NUMBER: (check only one) 9 X 10
Ν	AME OF COMMITTEE (In Full) iraves for Congress	,			
	A. Full Name (Last, First, Middle Initial) of Debtor of Boyles Motors, Inc.	r Creditor	Nature of Debt (Purpose): Vehicle Lease		
	Mailing Address 204 N. Market Street				
	City State Maryville MO	ZIP Code 64468-			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: LS60802.E42
	500.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00)		500.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kwrt-am/kwrt-fm			Nature of Debt (Purpose): Radio Advertising	
	Mailing Address 1600 Radio Hill Road				
	City State Boonville MO	ZIP Code 65233-			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: LS60802.E45
	857.65				
	Amount Incurred This Period	Payment This Period		Outstandin	ng Balance at Close of This Period
	0.00	0.00)		857.65
	C. Full Name (Last, First, Middle Initial) of Debtor of Willard Dowden	r Creditor		Nature of Debt (Purpose): Rent for Nodaway Co. Republican Com	
	Mailing Address Route 1, Box 116				
	City State Burlington Junctio MO	ZIP Code 64428-			
	Outstanding Balance Beginning This Period			Trai	nsaction ID: LS60802.E46
	200.00				
	Amount Incurred This Period	Payment This Period		Outstandin	ng Balance at Close of This Period
	0.00	0.00)		200.00
1	SUBTOTALS This Period This Page (optional)		. •		1557.65
) TOTALS This Period (last page this line number on				
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	. •		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<u> </u>		

PAGE 27 / 27 SCHEDULE D (FEC Form 3) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) **Graves for Congress** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Missouri Right to Life PAC Membership Labels Mailing Address P.O. Box 651 ZIP Code City State Jefferson City MO 65102-Outstanding Balance Beginning This Period Transaction ID: LS60802.E49 1087.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1087.00 0.00 1087.00 1) SUBTOTALS This Period This Page (optional)..... 2644.65 2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)